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Credit Card Authorization Form

CARDHOLDER INFORMATION Name: Billing Street Address:____ Street Address (cont.):______ City:______ State:_____ Postal Code:_____ Country:_____ Email _____ Address: Direct Telephone: (_______-I authorize a one-time charge against my credit card for the follow amount \$______ & I understand that the charged amount is non-refundable. **CREDIT CARD INFORMATION** Credit Card Type: MasterCard Visa American Express Discover Card Number: Expiration Month:_____ Expiration Year:_____ Security Code:_____